

Economic Activity Trailblazer Manchester

****Subject to change following final guidance by
Greater Manchester Combined Authority****

Community Strand Service Specification

**Tender return deadline:
4pm on Thursday 8th May 2025**

Contents

1. Specification Overview	3
2. Background and Strategic Context.....	4
3. Evidence Base	5
4. Service Delivery Model & Priority Groups.....	9
5. Service Delivery	16
6. Minimum Service Delivery Standards and KPIs	19
7. Organisational Experience, staffing and caseloads	19
8. Timescale & Milestones	20
9. Finance and Payment Model.....	20
10. Data Collection, Reporting & Contract Management	21
11. Marketing and Communication.....	22
12. Racially Minoritised Communities.....	22
13. Quality Assurance	22
14. Evaluation and Measuring Impact	23
15. Governance	23
Annex A – Participant Journey	24
Annex B - Data items for Collection.....	25

1. Specification Overview

Requirement	Community Strand (EA Trailblazer)
Funding Available	Total Funding Community Strand = £1,000,000 Maximum per organisation / consortium = £200,000 Minimum per organisation / consortium = £100,000
Summary of Activity	
<p>As part of the GM Economic Activity Trailblazer (ETB), Manchester wants to commission an extended employment support service which builds on existing infrastructure in the Voluntary Community, Social Enterprise and Housing Sector (VCSE) sector. The service will be delivered at community level by experienced and trusted organisations who have a strong track record in engagement with diverse communities and engaging residents who employability services have previously failed to reach to help them move closer to or into good employment.</p> <p>A key purpose of this commission is to engage and support the wider needs of those who are not economically active to access services which help reduce any barriers to employment they experience. The definition of barriers can be broad and will be based on individual circumstances, but these may include barriers related to disability, childcare, benefits, access to social and/or health care services, mental health and trauma, cultural expectations and use of the English language.</p> <p>For the purposes of this commission, the definition of those who are not Economically Active means aged 16-64:</p> <ul style="list-style-type: none"> • not in employment; • have not sought work in the last four weeks; and/or • are not available to start work in the next two weeks. <p>This differs from the definition of unemployment, where people are without a job but are seeking work and available to start. It is acknowledged that many people who are not economically active contribute to the economy in ways other than work, for example, by caring or studying to build their skills.</p> <p>The groups which this commission is intended to support are those people who voluntarily want to receive employability support and are considered not economically active through long term sickness or disability and also those who are looking after home/family. We are particularly keen for this programme to reach residents who have barriers related to mental health, neurodiversity and / or musculoskeletal issues.</p> <p>MCC's approach to delivering on the Trailblazer objectives requires interested partners to work collaboratively and innovatively to provide a service which, building on existing infrastructure, can effectively engage with communities and provide a multi-disciplinary holistic, person-led approach which is Adverse Childhood Experience (ACE) aware, trauma informed, neurodiverse aware and culturally appropriate. A key purpose of the Trailblazer is to support the integration of work and health services across the City, both at a community level and also in NHS secondary care.</p> <p>MCC is proposing 2 strands of delivery. This specification is for the delivery of Strand 1 (Community) but in the spirit of our vision to encourage a more joined up approach to work and health support, we have included more information about Strand 2 (Manchester Foundation Trust) below.</p>	

Strand 1 – Delivery through Community Organisations.

Strand 2 – Manchester Foundation Trust (MFT) will build on the existing light touch, low intensity WorkWell model and expand across several other departments in addition to the existing musculoskeletal (MSK) pathway. This will provide a service for residents who may be in work already but need support to sustain this, other participants may not be economically active and requiring support to move into employment.

Trailblazers are one year test and learn programmes which will be evaluated at a GM level by DWP/GMCA. Successful delivery partners will be required to fully engage with this process and to consistently collect and submit monthly data related to outputs and outcomes.

The contract will run from May/June 2025 to 31 March 2026.

Please note that all activity must be completed by 31st March 2026.

Further information about the scope and delivery of the activity can be found in section 4

2. Background and Strategic Context

The Get Britain Working White Paper (November 2024) sets out its ambition to achieve an 80% employment rate through transforming employment support, tackling unemployment and addressing Economic Inactivity. The White Paper outlines plans to introduce several Trailblazers as part of a suite of measures intended to provide opportunities for residents to participate and progress in work. Greater Manchester is one of eight Trailblazers which is intended to primarily focus on supporting people who have significant health conditions and not economically active, but this may also include people who face other disadvantage in the labour market (for example related to caring responsibilities, their age, low skills, language barriers or long-term worklessness).

Manchester City Council (MCC) wishes to commission services which can meet the three key objectives of the Trailblazer, which are to:

1. Maximise the reach, effectiveness and impact of the range of existing services that could support people who are not economically active to participate in the labour market, by transforming how partners and services work locally together.
2. Test new and innovative approaches to:
 - Identifying and engaging people who are not economically active
 - Supporting people who are not economically active to participate in the labour market
3. Provide a platform for longer-term systems reform to deliver a coherent, joined-up local work, health and skills offer.

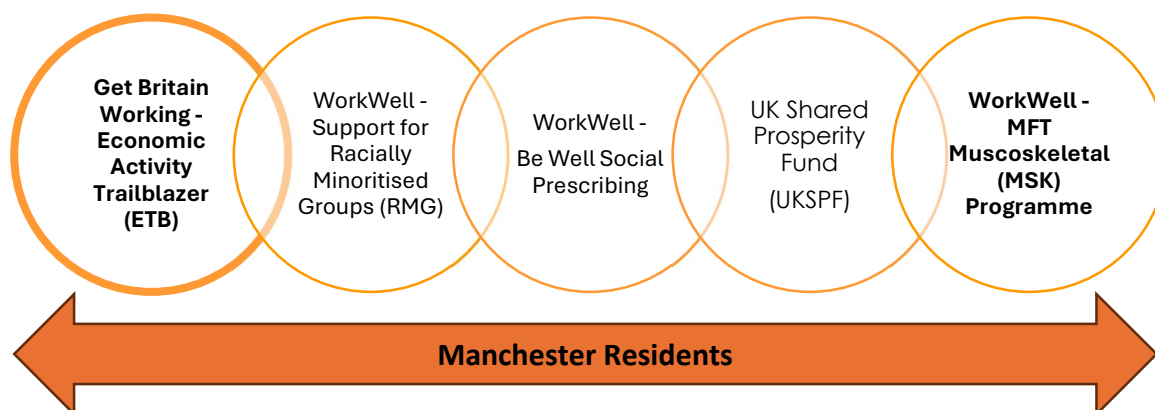
Manchester's Trailblazer initiative is aligned with the Greater Manchester Live Well programme. More information can be found here [Greater Manchester invests £10m to support Greater Manchester residents to live well - Greater Manchester Combined Authority](#).

The Manchester Economic Activity Trailblazer and WorkWell Programme are based on the following principles:

- Delivering Making Manchester Fairer
- The need to reduce pressures on the health system

- Intervene early to prevent unemployment and support those furthest away to move closer to work
- Address known inequality of access to good employment for racially minoritised groups
- Integrate health and work services around residents through commissioned programmes to provide joined up solutions
- Engage residents in employability services in community and health settings outside of Job Centre Plus

The Trailblazer will be the latest addition to pathways of employment support programmes available to Manchester Residents:



3. Evidence Base

Around 101,000 people or **25.5% of the population aged 16 to 64 years in Manchester were reported as not economically active** in the year ending December 2023. This compares with around 110,000 people (27.9%) in the year ending December 2022.

Latest figures show that since June 24, the count of those who are **not economically active in Manchester** decreased by 1400 and the **rate of Economic Inactivity has declined to 28.6%** however when compared to English core cities, **Manchester has the third highest rate.**

Provisional figures for December 2024 show that there has been a **32.1% rise in the number of people who have 'no work requirements' in the last 12 months**. Provisionally in December 2024, there are 40,487 people with 'no work' requirements. The number of those who are searching for work has increased by 11.20% from December 2023 to December 2024 up to 25,495.

The 'No work requirements' category includes people who are considered not economically active and not required to seek work or be available for work due to various reasons such as long term illness, disability or caring responsibilities.

The two main reasons for economic inactivity given in the Census 2021 for Manchester, after Students which is by far the largest cohort, include looking after family and home (27,253 people) and long term sick or disabled (22,985 people). Further detail on this evidence base is provided below:

- 19,061 (83%) residents with ill health were 35-64 years old, the majority of those (53%) are 50-64 years old.
- 17,596 (68%) of those with ill health are White British.
- 13,308 (52%) of those with ill health are female.

- The areas of the City with highest percentage of ill health are in the North and South of the City.
- 11,923 (43%) of those looking after family and home are 35-49
- 23,679 (82%) of those looking after family and home are female.
- Of those looking after family and home the three highest ethnicities include; 9,219 (32%) are White British, 7,912 (27%) are Pakistani and 2,319 (8%) are African.
- Cheetham, Longsight and Moss Side have the highest numbers of residents who are looking after family and home.

People who are not economically active may also be part of the growing population who are claiming Personal Independence Payment (PIP). As at January 2025, **Manchester has a total of 44,478 PIP claimants**, in the period Jan 19 to Jan 25, this has risen by 93.4% with the largest number of PIP claimants claiming for 5 years or over, this accounts for 35.3% of all claimants. The top 5 medical conditions reported for PIP claims include psychiatric disorders (46 conditions listed), musculoskeletal (general and regional), neurological and respiratory diseases.

These conditions often co-exist, with nearly two-fifths of those not economically active due to long-term sickness reporting five or more health conditions¹. The evidence suggests that being in good work and/or accessing skills/training can positively impact long-term health condition management.

For PIP claimants, **psychiatric disorders have shown the steepest increase** since Jan 19 for those aged 16-64 with a rise of 85.7% in that period, the 2nd highest rise amongst the top 5 conditions. The other four medical conditions have also seen steady increases, although to a less significant degree.

In terms of **gender and age**, there were more PIP claimants aged 16-64 that were female (20,170) than were male (17,025). The **16-24 age cohort is the cohort that has a higher number of PIP claimants that are male than female. For both male and female claimants the largest age cohort is the 50-64**. In the male cohort the 50-64 age group accounted for 40.5% of all PIP claimants. In the female cohort this was slightly higher at 44.9%.

In Manchester, the **employment rate amongst those who are classed as disabled** under the Equality Act is significantly lower than that of those who are not classed as disabled under the Equality Act. The rate of those who were in employment and disabled was 5.5% of the 16+ population, compared to 48.0% who were in employment and not disabled. Of those who are disabled and in employment, the **largest age cohort is the 35-49** with just over 7,000 in employment. When looking at those who are **in employment and disabled by ethnic group** (excluding White), those who are Asian, Asian British or Asian Welsh were the largest cohort.

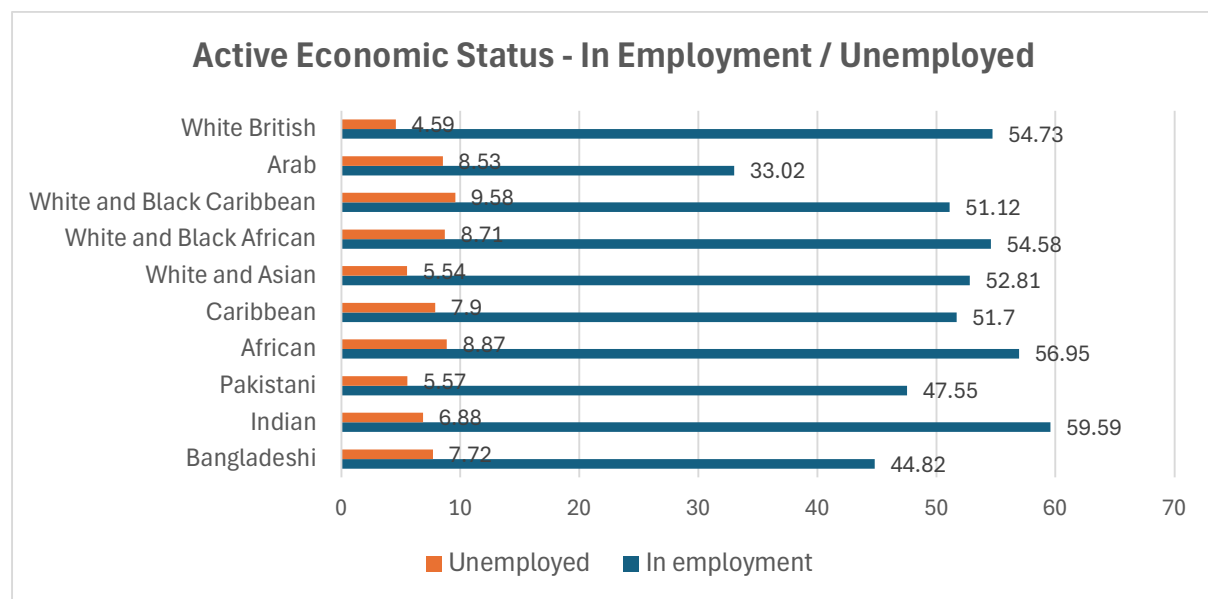
There is growing awareness and diagnosis of **neurodiversity among adults** in the UK. Neurodiversity encompasses conditions such as autism, ADHD, dyslexia, and dyspraxia, among others. The Disability Employment Gap is too wide, with around half of disabled people in work, compared to over 80% of non-disabled people but the autism employment gap is even wider, with just 22% autistic people reported in paid work². We want to ensure that the service we commission is able to contribute to improving employment opportunities for our neurodiverse residents.

¹ [Rising ill-health and economic inactivity because of long-term sickness, UK - Office for National Statistics](#)

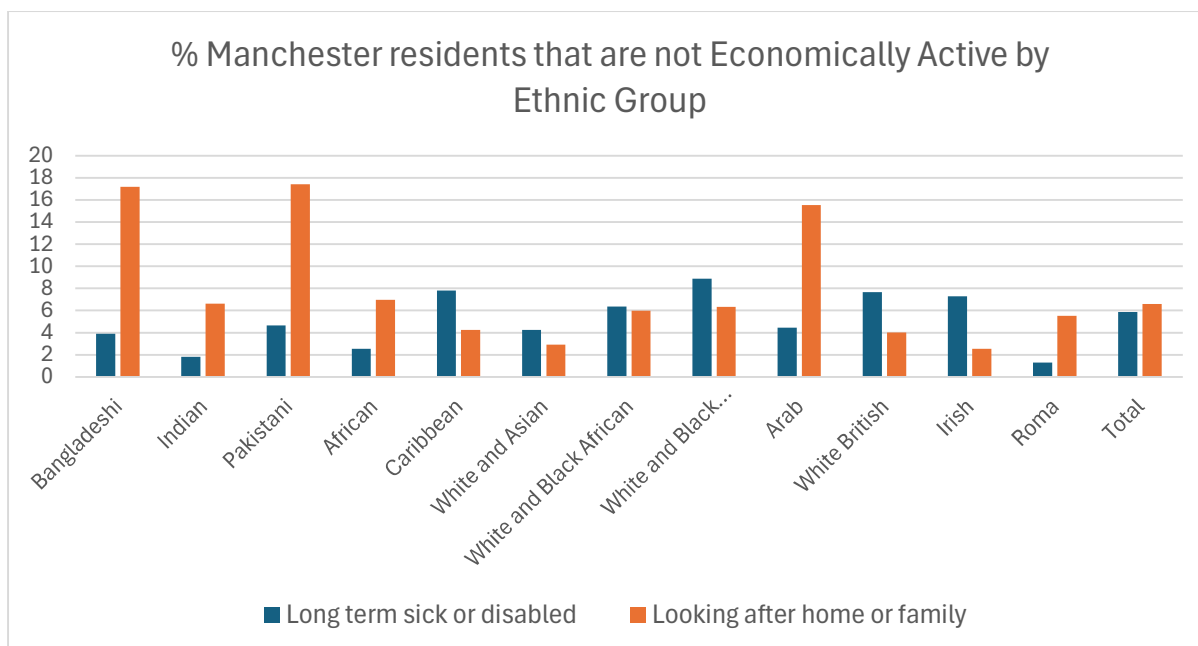
² [New shocking data highlights the autism employment gap](#)

Worklessness remains a concern in Manchester, this term describes those residents who are unemployed or not economically active with several factors including long term sickness and skills gaps contributing to the issue. We want to take an innovative approach to employment support through tackling the root causes of worklessness with positive tailored support to grow confidence, wellbeing and skills.

Employment rates in Manchester vary significantly across different ethnic groups and promoting equality of opportunity is a key focus for Manchester. According to recent data, the employment rate for white individuals is generally higher compared to other ethnic groups, highlighting the need for support services to be inclusive and culturally appropriate to our residents.



- **55% of White British** Manchester residents are in employment.
- **The ethnic groups with the fewest residents in employment are Arab residents (33%) of Bangladeshi residents (45%) and Pakistani residents (47.5%)**
- **52% of Mixed Ethnicity** residents are in employment
- **51% of Caribbean** residents are in employment



- **Pakistani, Bangladeshi, and Arab ethnic groups** have the highest economic inactivity due to **caring responsibilities (17%, 17.2%, and 15.5%)**.
- **Mixed (White and Black Caribbean), Caribbean, and White British ethnic groups** have the highest due to **long-term sickness or disability (8.89%, 7.82%, and 7.65%)**

These disparities highlight ongoing challenges related to structural and institutional racism, as well as other socio-economic factors. Persistent ethnic inequalities in the labour market contribute to these disparities. This is important as emerging data shows that ill health and economic uncertainty are linked. For example, individuals in low pay and insecure employment are 80% more likely to report less than good health than those with secure job prospects (The Health Foundation, 2024).

Providers will be expected to commit to becoming an **ACEs-Aware (Adverse Childhood Experiences) and Trauma Informed organisation**. In Manchester, an estimated 12% of people have 4 or more ACEs - that's roughly 66,000 people³. A trauma responsive approach aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It encourages those who develop and deliver services to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing. MCC will provide free training for staff involved in the programme to support this approach with a follow up after 6 months to review how well embedded the trauma informed approach is.

³ [National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England | BMC Medicine | Full Text](#)

Labour Market Information (January 2025)⁴ – Key Statistics:

The **count of unemployed⁵ residents** in Manchester stands at 18,200 (ONS, Nov 24), a slight improvement from Oct 24. The **employment rate** is 65%, the lowest rate it has been since Oct 19-Sept 20 and the lowest of the English core cities. The **unemployment rate** stands at 6.5%.

Provisional figures for Dec 24 show that **Manchester's claimant count** is 26,145. When compared to December 2023, there has been a **10.7% increase⁶**. This figure includes residents who are employed but also claiming benefits. **Universal Credit claimant data** shows that the 50+ cohort has risen by 25.6% in the last 12 months, the 16-24 cohort has seen a rise of 5% and over the same period, the 25-49 cohort has risen by 15.3%.

The claimant count in Manchester from November 2024 to December 2024 reported that the **16-24 cohort** decreased by 0.1%. The **50+ cohort** marginally decreased by 0.7%, meanwhile the **25-49 cohort** increased by 0.2% over the same period. Of the working age population claiming unemployment benefits, 57.2% are male, with the largest cohort aged 18-24. For females the largest cohort was 40-44.

When comparing the latest **claimant count** month to the start of the financial year, excluding the 16-17 cohort, the **cohort that has seen the largest increase** is the female 45-49 which saw an increase of 28.2%. The second largest increase was in the female 40-44 cohort which rose 19.4%.

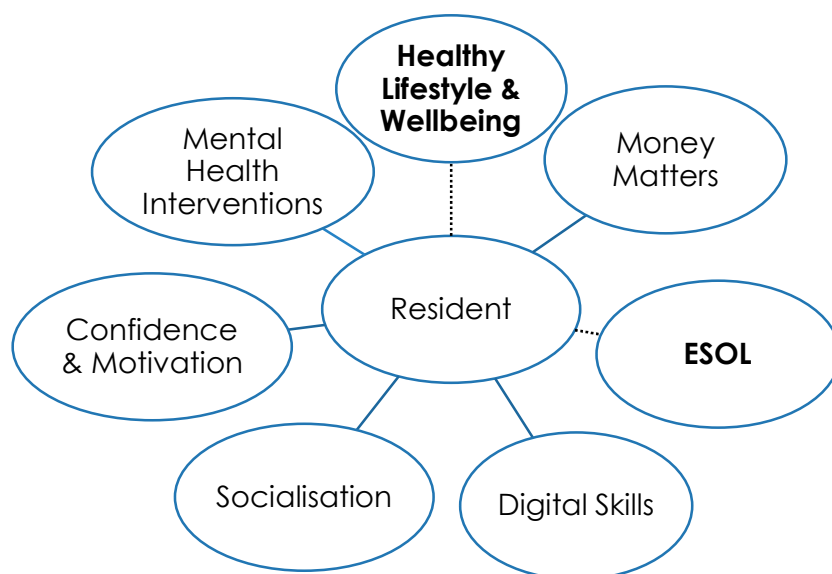
4. Service Delivery Model & Priority Groups

The provider will use a keyworker model to deliver a person-led, holistic programme of employability and wider support to reduce barriers to employment, based on individual assessment of need. Where appropriate, external more specialist interventions to support mental health, physical health barriers or English language will be available to access as part of a wider framework, this is in addition to what is ordinarily accessible through the providers original bid and collaboration partners.

⁴ Data Source: Annual Population Survey and ONS (21/1/25)

⁵ Unemployed status means that the person is not working but is actively seeking employment

⁶ The level of the claimant count is likely to be higher than it would have been otherwise, due to claimants being considered unemployed when moving from legacy benefits to UC.



Priority Groups (Census 2021)

We would expect that providers are able to reach, engage and support Manchester residents aged 16-64 who are not economically active with a focus on two priority groups, aged between 36-64.

Priority group 1: **Residents with long term sickness or disabled** (including physical, neurological, neurodevelopmental and mental health barriers)

Key wards include:

North

Charlestown
Cheetham
Crumpsall
Harpurhey
Higher Blackley
Miles Platting & Newton Heath
Moston
Clayton & Openshaw

South

Woodhouse Park
Baguley
Sharston

Central

Gorton & Abbey Hey
Longsight

Priority group 2: **Residents looking after home or family**

Key wards include:

North

Charlestown
Cheetham
Crumpsall
Harpurhey
Higher Blackley
Miles Platting & Newton Heath
Moston
Clayton & Openshaw

South

Woodhouse Park
Baguley
Sharston

Central

Longsight

Core Service Requirements

Bidders must ensure they meet all the core service requirements outlined within this specification.

Core Service Requirements	
Aim of the Programme	<p>The aim of this programme is to maximise the reach, effectiveness and impact of the range of existing services that could support people who are not economically active to participate in the labour market, by working in a holistic way and transforming how partners and services work locally together. The expected outcome is for residents to move into employment.</p> <p>The Trailblazer is intended to test new and innovative approaches to:</p> <ul style="list-style-type: none"> • Identifying and engaging people who are not economically active • Supporting people who are not economically active to participate in the labour market • Provide a platform for longer-term system reform to deliver a coherent, joined-up local work, health and skills offer. <p>This is a test and learn programme and providers will be required to work flexibly with Manchester City Council to develop processes and procedures to deliver the programme which includes capturing outputs and outcomes (see annex B). Providers will be expected to identify resource to submit monthly data returns via the Greater Manchester Information Tracker (GMIT). They will also be required to provide case studies as part of the wider evaluation of the programme.</p> <p>Eligibility for the Trailblazer programme is set at a Greater Manchester level. Manchester has been allocated funding to support residents who have a Manchester postcode.</p>
Intervention	<p>The Trailblazer is an early intervention extended employment support service providing holistic support to residents to overcome or reduce barriers to employment and where possible to move into employment. The service will be based on a key worker model and is expected to provide a single, joined-up approach to accessing other support services as appropriate. Key workers are expected to work with residents to co-produce a person-centred action plan setting out barriers and what interventions can help to reduce these.</p> <p>Providers are required to collaborate with relevant partners (including formal partnerships utilising ETB funding where appropriate) to build a model of delivery that has the potential to address barriers which may be related but not limited to:</p> <ul style="list-style-type: none"> • Healthy Lifestyle and Wellbeing • Money Matters • Language and Skills • Digital Skills • Socialisation / reduction of loneliness • Development of confidence and motivation

	<ul style="list-style-type: none"> • Support and signposting for mental health. • Integration support for British Culture, where appropriate. <p>Providers should incorporate these aspects into their model from the start so that there is appropriate and timely access for participants based on their initial assessment and action plan.</p> <p>The provider must be able to provide timely access to a range of activity/support which can help to improve symptoms related to emotional health and wellbeing including anxiety, depression and low mood. Measuring wellbeing is a key part of the programme and providers will be expected to use a wellbeing measure as part of the individual assessment.</p> <p>Providers are expected to engage with residents to focus on strengths and resources and to apply a solution focused approach to reducing barriers. This should include:</p> <ul style="list-style-type: none"> • Initial assessment (person-centred and holistic). • Mental Wellbeing Assessment (where appropriate). • Personalised work and health support • Working with individuals to co-produce an appropriate action plan which can help them move closer to employment • Identifying barriers faced by the individual and working in a solution focused way to reduce. • Providing mental or physical health support within a partnership model / Signposting to additional mental health or physical health provision (as appropriate to individual) • Signposting and facilitating access to skills and training provision suited to individual goals. • Referring participants with digital skills and access needs to the City's digital inclusion offer. • Employer liaison as appropriate (with participant consent). • Support to navigate any wider systems which can support people into work, e.g. advice on Access to Work, reasonable adjustments, HR and legal advice. • Gaining feedback from participants and where appropriate, demonstrating how this has helped improve the service on offer. <p>The model will have some flexibility to allow providers to access more specialist external support around healthy lifestyle, wellbeing and ESOL, this is in addition to the model which the provider should develop with partners.</p> <p>Data should be collected in an inclusive way to help us identify patterns and gaps in services so we can better understand best to support residents.</p>
Integration and Collaboration	<p>Providers must have a culturally appropriate approach to reach, engage and support racially minoritised groups. A culturally appropriate approach involves understanding, respecting, and integrating the cultural values, beliefs, and practices of the people you are working</p>

	<p>with. It might include the presence of a diverse workforce but as a minimum we expect providers to have cultural awareness and flexibility as necessary.</p> <p>The offer to residents will take a trauma informed approach to align with MCCs vision of being an Adverse Childhood Experiences (ACEs) aware and Trauma Informed City. As part of the grant funding agreement, providers will be expected to take part in training and any subsequent review of their approach. Support will be available to providers to address any issues which arise for keyworkers.</p> <p>Meeting the needs of autistic or neurodivergent citizens in Manchester is a key focus for MCC. Successful providers will be required to take part in specific neurodiversity training so that they are equipped with the knowledge, understanding and tools to best engage and support residents and where appropriate contribute to a changing culture across partners and employers. We expect providers to tailor their approach and ensure that language, processes and arrangements are conducive to engaging and meeting the needs of neurodiverse residents from start to finish.</p> <p>Providers will be expected to attend a Trailblazer network to share best practice in learning, evaluation and integrated delivery. Attendance and participation in this network is a core requirement. Providers will also be invited to join the Manchester WorkWell integration board.</p>
Health support	<p>The aim of the Trailblazer is to test and learn new ideas. We expect providers to deliver a holistic model that incorporates support for participants that have physical or mental health conditions that are barriers to progression towards economic activity.</p> <p>Community providers are expected to include physical or health interventions in their model. We encourage partnerships between Community providers and organisations that can provide a health offer.</p> <p>We expect the Trailblazer to test new community-based approaches to holistic support. This will require new models of delivery including a combination of trusted local organisations working in partnership with organisations that can deliver a wider health offer.</p>
Co-produced Action Plan	<p>As a minimum, the co-designed action plans will take a holistic view and will include:</p> <ul style="list-style-type: none"> • Health/Wellbeing goals • Employment goals • Lifelong learning goals • Future aspirations • Identified barriers/support needs • Pathways of opportunity available to the resident <p>Action plans are essential tools that outline tailored support strategies for participants to help them move closer to employment, particularly when facing multiple other barriers.</p>

	<p>The plan should document the specific services or interventions planned, for example, mental health support, physical therapy, skills training or job coaching. Support should be tailored to suit individual needs and can take place online, digitally or face to face.</p>
Exit Reviews and Satisfaction Surveys	<p>We would expect that the ongoing review process is appropriate to the length and intensity of support and comprises of:</p> <ul style="list-style-type: none"> • Review of any actions plans completed and whether the resident has received what they wanted / needed. <ul style="list-style-type: none"> ◦ Further provision should be offered if either all the original aims were not met, or new aims have been identified. • Conversation around progression opportunities available to the resident. • Referral and facilitation to further opportunities as appropriate. • Completion of participant satisfaction survey. <p>We would expect participant outcomes to be captured upon exiting the programme to assess its impact on participants. This form will document the participants progress such as progression to further skills or training, successful job placement, impact on mental health and wellbeing, access to recommended healthcare services, voluntary withdrawal or other reasons.</p> <p>Satisfaction surveys will be required.</p>
Stakeholder Engagement	<p>The provider will be expected to work with a range of stakeholders to ensure the programme benefits participants fully.</p> <p>We expect providers to have substantial experience in developing strong and collaborative working relationships with key stakeholders/programmes, particularly including (list not exhaustive):</p> <ul style="list-style-type: none"> • Community groups in the VCSE sector • Community health services / practices NHS • Social prescribing teams • Jobcentre Plus • Housing Associations • Employers • Early Help for Adults • AutismWISE (Pure Innovations)
Overarching standards	<p>The following overarching standards apply to the whole delivery model:</p> <ol style="list-style-type: none"> (1) There is no minimum length of intervention per participant, case load sizes should be limited to 30 per Work and Health coach (key worker). (2) The quality of service will be assessed by achievement of outputs, outcomes and key performance indicators. (3) The provider must ensure that all elements of delivery as part of this commission are flexible and adaptable, so that it is accessible to all residents across Manchester. This could include (list not exhaustive)

	<p>offering interventions face to face or online interventions at times to suit the resident.</p> <p>(4) The provider must make reasonable adjustments to residents with protected characteristics (as defined by the Equalities Act 2010).</p> <p>(5) The provider must ensure they deliver the service in a culturally proficient manner that regards the specific barriers that different groups may face when accessing work and health support.</p> <p>(6) Satisfaction surveys are to be carried out.</p> <p>(7) 8% of starts to move into work.</p>
--	--

5. Service Delivery

Eligibility

Participants for the programme will be those who are not economically active and voluntarily requiring wider support to move towards economic activity and sustainable employment. Participants will also need to meet the following criteria:

‘Economic inactivity’ refers to people who are aged between 16-64 and who:

1. are not in employment;
2. have not sought work in the last four weeks; and/or
3. are not available to start work in the next two weeks.
4. Manchester resident

Engagement and Volumes

- Providers are expected to take a proactive approach to reaching and engaging with residents through a range of methods which are appropriate to engaging at community level, this might include outreach, social media and/or incentivising. A range of engagement strategies will need to be designed to reach participants through their preferred channels from all backgrounds.
- We expect that providers will be flexible in meeting participants in accessible locations, within or outside of their use place of delivery. Establishing co-location or co-working arrangements with encouraged if this will allow greater reach to residents in communities.

The Community Strand is expected to start 655 Manchester residents on provision commencing May/June 2025 until 31 March 2026.

All referrals are voluntary and participating or not engaging will not impact benefit claims.

Support Process

- Throughout the engagement and registration process, it is expected that key workers will take a holistic approach to the assessment and ensure participants fully understand and consent to the process.
- The keyworker will provide guidance aligned to the individuals' work preferences and employment status, taking into consideration any health-related challenges as part of conversations.
- The keyworker will discuss and seek advice on the participant's eligibility for benefits and how their income will be affected by going back to work. The participant and keyworker will explore employment opportunities and access to other support services as required, such as debt advice, housing concerns.
- The keyworker and participant will co-produce an action plan based on the personal goals discussed.
- It is expected that eligible individuals are registered with the provider within 2 working days of a referral being made. Individuals who are not eligible can, if they consent, be referred or sign-posted to other provision.

- Where appropriate and with consent, the keyworker will engage with employers to discuss reasonable adjustments and support with any Access to Work application.

Programme Outcomes (specified by DWP/GMCA)

Ref.	Outcome	Target
Outcome 1:	Number of people sustaining engagement with keyworker support and additional services	75%
Outcome 2:	Number of people with life skills following support	40%
Outcome 3:	Number of people with basic skills following support	5%
Outcome 4:	Number of people with reduced social isolation – connectivity with their community	15%
Outcome 5	Number of people with reduced structural barriers into employment and into skills	55%
Outcome 6:	Number of people with increased employability through development of interpersonal skills	8%
Outcome 7:	Number of people in volunteering/work opportunities	5%
Outcome 8:	Number of people in employment, including self-employment, following support	8%
Outcome 9:	Number of people gaining qualifications, licences and skills	5%
Outcome 10:	Number of people accessing ESOL activity	1%

Outcome Definitions

Service starts should include:

- I. Eligibility and screening
- II. Completion of the baseline assessment
- III. Co-produced Action Plan signed by the participant

Service starts achieved will be updated to GMIT (minimum monthly).

Service Completions should include:

- I. Completed Action Plan
- II. Exit from service document
- III. Completion of Satisfaction Survey

Exit Review (inc moving into employment)

The Keyworker will meet with the participant to review the agreed action plan and once all actions have been achieved an exit and wellness plan will be put in place for the participant. This will include:

- Participant satisfaction survey

- Access to online resources / toolkit
- Signposting to other support services, if required
- Referral to other work and health provision, if required.

The exit review is designed to equip participants to access self-management resources or signpost to further support, so as not to create a cliff edge once the service has ended.

It is expected that the provider will proactively source opportunities directly as well as work through existing employer engagement services.

The review will capture participant outcomes upon exiting the programme to assess its impact on participants. This form will document the participants progress such as successful job placement, continuing in work, access to recommended healthcare services, voluntary withdrawal or other reasons.

The envisioned participant journey can be found at Annex A.

6. Minimum Service Delivery Standards and KPIs

Providers will be expected to deliver against the following minimum service delivery standards:

Standard	Target
Individuals who are referred to the programme should be contacted within 2 working days of their initial enquiry / self-referral.	90%
Maximum of 10 working days to initial engagement with a resident to co-develop an action plan.	90%
Exit review conducted within 2 days of completion of programme.	80%

Local Key Performance Indicators (Specified by Manchester City Council)

The provider is required to submit a Key Performance Indicator report each month detailing the status of each of the Programme level outcomes and the following local KPIs. There are several tools that may be utilised to measure outcomes e.g. WEMWBS, STAR, bespoke questionnaires

KPI	Description	Target
1	Percentage of profiled Service Starts achieved	100%
2	Percentage of Participants satisfied with service	70%
3	Percentage of Service Starts achieving Service Completion	75%
4	Percentage reporting improved mental health and wellbeing (where participant has a health condition)	70%
5	Percentage reporting they feel more empowered to manage health condition (where participant has a health condition)	70%
6	Percentage reporting improved health (where participant has a health condition)	70%
7	Percentage of participants from Black, Asian and Minority Ethnicities	-

7. Organisational Experience, staffing and caseloads

As a minimum we expect the provider to:

- Be a local organisation based in Manchester that provides trusted services to Manchester residents.
- Have a strong understanding of Manchester's employment and skills base.
- Have demonstrable experience in delivering work and health support programmes.
- Have strong links and be engaged with employers/VCSE and housing organisations across Manchester.
- Have an existing base and/or presence in Manchester prior to the start of the contract commencing. This must include (but is not limited to) strong evidence of the necessary networks and stakeholder networks to facilitate programme delivery.
- Recruit a diverse team who reflect the communities we want to reach and who understand the barriers faced by residents who are not economically active.

- Demonstrate that their proposed delivery model fully conforms to the core service requirements.

The provider must ensure and be able to demonstrate that:

- Employees with responsibility for delivering any element of the provision have experience, skills and, where appropriate, qualifications that are relevant to the type and scale of the provision offered including relevant industry experience.
- Delivery will take place in a culturally proficient way, addressing the specific needs of those experiencing racial inequalities.
- The management structure is of sufficient size, is organised appropriately and is supported by administrative systems and any other infrastructure necessary to effectively manage and deliver the provision.
- The provider must ensure that staffing is commensurate with the requirements of the grant funding agreement, including suitable resource to be able to fully comply to reporting and evaluation requirements.
- There is the capacity to operate flexibly and iterate delivery models if required.
- The necessary systems and governance arrangements are in place for ensuring robust performance and contract delivery.
- Clinical governance is in place where appropriate to the delivery model.

It is expected that providers will align and partner with other community organisations to co-ordinate the additional support needs of their participant, working with and through any community networks and existing employment and employer engagement arrangements. The provider will be expected to attend provider network meetings to explore challenges and share best practice.

8. Timescale & Milestones

- April 2025 – Opportunity to Market (webinar)
- May 2025 – Evaluation of Opportunity to Market
- Mid-end May 2025 – Award to providers
- Mid-end May 2025 – Completion of Grant Agreements
- Mid-end May 2025 - Mobilisation and implementation of service
- End of May/beginning of June 2025 – Community delivery go live
- 31 February 2026 – Closure of referral window. During this period, the provider will continue to support participants until the 31 March 2026.

All activity **must** be completed by 31st March 2026.

9. Finance and Payment Model

Providers will deliver a project to the value of either £200,000 (131 participant starts) or £100,000 (66 starts).

DWP have stipulated that the Trailblazer is paid in arrears, MCC is aware this does not support delivery in the VCSE and Housing sector. MCC will make payment in arrears as standard unless this is a significant barrier to delivery. Applicants should set out clearly in the application form if they require advanced payment by providing quarterly budgets. MCC will then consider requests for advanced payments.

10. Data Collection, Reporting & Contract Management

The provider will be required to collect baseline personal data from all individuals who are eligible for the service and consent to take part. This baseline data will need to be collected by the provider with the participant. The baseline data requirements are set out in Appendix B.

Please note these are draft pending confirmation of final monitoring information requirements from DWP.

The provider will be expected to collect further data throughout service delivery. This includes both key outcome measures, for which evidence will be required, and operational KPIs.

The personal data being collected, stored and transferred raises the importance of strong compliance to the Information Governance protocols. To manage the data flows, the provider will be expected to work with the MCC to collect and transfer data in an agreed, secure manner.

We will collaborate with the provider to refine and finalise the system to ensure that it delivers the required data in a standardised and easily accessible format.

Respond to data sharing and processing agreements throughout the programme.

The provider is expected to upload data into the GMCA GMIT system on a minimum monthly basis, either manually or by the development a connection from their Customer Relationship Management system to provide uploads of Trailblazer management information. Participant action plans and documentation will also need to be provided to GMCA via a sharepoint system for audit purposes on occasion.

As part of the monitoring of the service, the provider will be required to:

- Submit an anonymised monthly Data Report against KPIs and management information making all supporting evidence available to validation by the contract management team.
- comply with a robust Management Information framework that will monitor service delivery, outcomes and set goals for service development.
- additional reports may be required by the GM programme team, further details and frequency should these be required at any point will be confirmed through contract meetings with the provider.
- submit complete, accurate, and timely monitoring returns.

The provider will be required to attend a contract inception meeting to outline how the contract will run, this will include:

- The provider's offer, key personnel, key performance indicators, monitoring requirements, meeting obligations and dates; claim processes; risk management, communications and marketing, participant record keeping, evaluation, exit strategy.
- Performance Meetings following monthly submissions.

Performance reports will include:

- Summary of progress made
- Management Information (see Appendix)
- Update on issues or risks identified or encountered (in quarter)

- Anticipated activity or progress for (next quarter)

11. Marketing and Communication

The provider must be prepared to work in partnership with Manchester City Council (MCC) programme team to actively promote the Trailblazer and raise its profile across the delivery area, with particular focus and targeting on under-reached communities. This will include:

- Acknowledge the support of UK Government in any materials that refer to the Funded Activities and in any written or spoken public presentations about the Funded Activities.
- Use Trailblazer branding on any communications (if supplied).
- Engage in regular campaigns with MCC. This will involve producing case studies, with consent, and marketing materials upon request to promote the programme.
- Making information about the Trailblazer accessible in formats suitable for speakers of other languages.
- Working closely with community and primary care teams to promote the Trailblazer. Making use of existing and new networks to promote Trailblazer across the health and employment sectors
- Engaging employers to secure employment opportunities for participants working alongside existing local mechanisms.

12. Racially Minoritised Communities

The Manchester Trailblazer Programme forms part of the Making Manchester Fairer Plan. A key objective of the plan is to address the known inequality of access to good employment for racially minoritised communities. It will be important for the provider to take active measures to ensure the service is promoted to Black, Asian and Minority ethnic communities. Service delivery to these groups will need to be culturally competent and tailored to their specific needs.

13. Quality Assurance

Prior to the participant starting on programme, the provider is responsible for ensuring eligibility checks are carried out in line with the contract specification.

- Implement the initial assessment process that captures each participants unique health conditions and work situation, personal goals, and barriers to engagement. The provider must ensure evidence is authenticated by the participant via signature on the document.
- Ensure each participant has a tailored holistic action plan that reflects their needs, preferences, and goals. This plan should be co-produced with the participant.
- Recruit and train a team capable of addressing various work and health related issues and enhancing their ability to deliver personalised care. Training may include but not limited to:
 - **‘The Fit Note’ training** - understanding fit note legislation and focusing on what people can do, not just limitations. [The Fit Note - eLearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/the-fit-note)
 - **Making Every Contact Count e-learning** [Making Every Contact Count - eLearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/making-every-contact-count)
 - **Work coaching** – Training in personalised job search strategies, identifying skills gaps, making timely referrals.

- **Local Knowledge and Networking** – Sessions with health services, Local Authorities, and community organisations to understand available services and pathways including specific services for minoritised communities.
- **Ongoing Development** – Regular case reviews and peer learning sessions, introduction to online resources.
- **ACES and Trauma Informed** – Training provided by MCC but provider is expected to engage with follow on activity to embed the approach.
- **Neurodiversity aware** – Training provided by MCC but provider is expected to embed learning and continue professional development.

14. Evaluation and Measuring Impact

Providers must make themselves available to take part in any evaluations if and when required. This may include external partners and will be communicated to the provider when necessary.

GMCA/MCC may undertake reviews of its commissioned delivery, and the provider must ensure they respond to all reasonable requests that form part of an evaluation or review process, including:

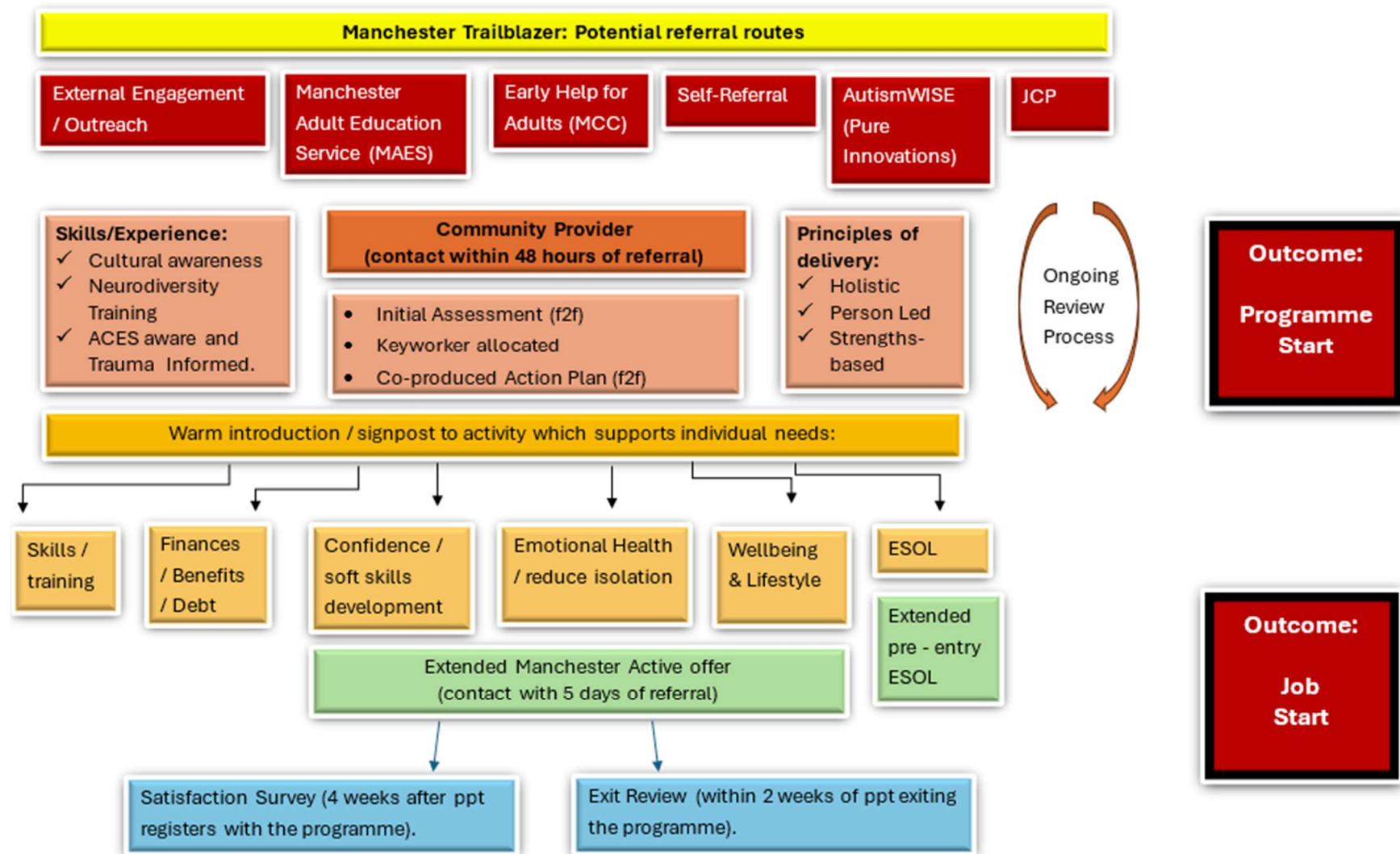
- Sharing impact measures
- Sharing learning from delivery
- Submission of appropriate participant case studies

15. Governance

A monthly performance review will be established between MCC and the provider to review delivery, performance, issues, and risks.

Manchester City Council (MCC) will evaluate applications for this funding opportunity against the scored questions and eligibility criteria. Applications will be required to meet a quality threshold. The evaluation process will also apply weighting to ensure that the priority groups across the City are supported in this test and learn Trailblazer.

Annex A – Participant Journey



Annex B - Data items for Collection

The provider is required to submit a monthly Data Report including the following information

Data	Items for Collection
Participant Data	<ul style="list-style-type: none"> o First Name o Surname o Date of Birth o Address o Postcode o Email Address o Contact Preference o Consent to share with evaluation partner o Telephone Number o National Insurance Number o Has Person Worked in Past? o If Yes When Last In Work? o Historic Special Educational Needs Flag o Last Engagement in Education o Household Situation o Homeless (Broad Definition) o Recipient of Benefits
Demographics	<ul style="list-style-type: none"> o Gender o Gender Identity o Ethnicity o Highest Educational Level o Long Term Health Condition or Disability o Is English your first language?
Service Data	<ul style="list-style-type: none"> o Employment status at first appointment o Barriers to work or education / training (Primary Health related barrier) o Barriers to work or education / training (Secondary Health related barrier) o Barriers to work or education / training (Primary Non-health related barrier) o Barriers to work or education / training (Secondary Non- health related barrier) o Support Start Date o Referral Route of Participant o If referred from is other, please specify: o Referral date o Date of first contact o Interventions accessed o Output Name o Intervention Output is Linked to o Leaving Date o Referred onwards o Employment status of participant at end of provision o Status of engagement in formal education or training of participant at end of provision

	<ul style="list-style-type: none"> o If yes - what level / type? o End of Support Status o Level of Skills gained o Participant Withdrawn o Withdrawal Date o Withdrawal Reason o Outcome Name o Intervention Outcome is Linked to o Date Outcome Captured o Sector of employment o Wages of employment o Hours of employment o Contract type o Employment Start Date
--	---

Additional Management Information to be submitted

The provider is required to provide a separate monthly report detailing the following:

<p>Workforce</p> <ul style="list-style-type: none"> • Number of keyworkers in post • Average Caseload per keyworker • Number of vacancies (if any)
<p>Participant satisfaction</p> <ul style="list-style-type: none"> • participants surveyed (number in month / total) • participants that have completed survey (number in month / total) • Participant satisfaction rate (percentage of total)